

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P95000041517</b> 1. Entity Name L.L.C. INTERNATIONAL CORPORATION		
Principal Place of Business 1393 SW 1ST #401 MIAMI, FL 33145		Mailing Address 1393 SW 1ST #401 MIAMI, FL 33145
2. Principal Place of Business 1393 SW-1ST. Suite, Apt. #, etc. Suite #410 City & State Miami, FL. Zip 33135 Country Dade	3. Mailing Address <del>1393 SW 1ST</del> 1691 SW 14TR Suite, Apt. #, etc. Home City & State Miami, FL. Zip 33145 Country Dade	 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES
6. Name and Address of Current Registered Agent BAEZ, FRANKLIN 1691 S.W. 14TH TERRACE, #103 MIAMI, FL 33146		4. FEI Number 65-1072594 <input checked="" type="checkbox"/> Applied For Not Applicable
7. Name and Address of New Registered Agent Name <u>FRANKLIN BAEZ</u> Street Address (P.O. Box Number is Not Acceptable) 1691 SW. 14TR. MIAMI, FL. City <u>MIAMI</u> FL Zip Code <u>33145</u>		8. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and suit if applicable (NOTE: Registered Agent Signature Required when distributing) DATE</small>		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <u>PO</u> NAME <u>BAEZ, FRANKLIN</u> <input type="checkbox"/> Delete STREET ADDRESS <u>1691 S.W. 14 TERRACE, #103</u> CITY-STATE-ZIP <u>MIAMI, FL 33146</u>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Add/Don NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	CREC034 (10/02)
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Add/Don NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Franklin Baez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date Daytime Phone #</small>		